File No Date Received: Scheduled Public Hearing Date:	Fee: Initials: Check or Receipt No.:
APPLICATION FOR VARIANCE CITY OF GAHANNA PLANNING COMMISSION	
Applicant's Name:* Address:	
Status: Landowner Option Holder	Fax:
Address of subject property:Property owner:	Phone:
Note: Planning Commission and/or City Staff may visit	the property prior to the hearing.
Applicant's Signature	Date
Submission Requirements	
 10 copies of a Legal Description or plans of the property certified by registered surveyor folded (not rolled) to 81/2 X 11 inch size prior to submission. A list of all contiguous property owners and their mailing addresses. Statement of reason(s) for variance request. The statement should address the 3 conditions listed on page 2 of this application that must be met in order for Planning Commission to grant the variance. Application Fee of \$75 for Single Family Residential, \$150 for all others. Reduced drawing to 81/2 x 11 inch size suitable for showing on overhead projector. 	
APPE	ROVAL
as stated above, has been approved by the City of Gacopy of the minutes is hereby attached. The applic	ant shall comply with any conditions approved by the ing, zoning, and landscaping regulations now in place.
Zoning Administrator	Date